



ARKANSAS  
BUREAU OF  
STANDARDS

## PLACED IN SERVICE REPORT METERS

4608 West 61<sup>st</sup> Street  
Little Rock, AR 72209  
Bureau@aspb.ar.gov  
Phone (501) 570-1159  
Fax (501) 562-7605

Newly Installed  
Device ☐

Officially  
Rejected Device ☐

Location Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State Zip

Location Address: \_\_\_\_\_  
Street City, State Zip

TYPE OF METER	METER DESIGN	STORAGE TANK
Truck Meter <input type="checkbox"/>	Make:	<input type="checkbox"/> Below
Dock Meter <input type="checkbox"/>	Model:	Ground
Diesel Pump <input type="checkbox"/>	Maximum GPM:	<input type="checkbox"/> Above
Gas Pump <input type="checkbox"/>	Serial No:	Ground
Mass Flow Meter <input type="checkbox"/>	<b>Note: Serial numbers of the same Make and Model may be recorded on the reverse side.</b>	
Agri-Meter <input type="checkbox"/>	National Type Evaluation Program (NTEP) Certificate of Conformance Number:	
Other Meter <input type="checkbox"/> (Specify): _____		

This Placed in Service Report, and if appropriate the Meter Test Report, must be mailed within 24 hours from the date of service, to the Arkansas Bureau of Standards by a representative of a Registered Service Agency for each device restored to service and for each newly installed device placed in service. If applicable, the rejection tag must accompany this report.

This is to certify that I have repaired and/or installed, and left as correct in accordance with the current version of the National Institute of Standards and Technology (NIST) Handbook 44, the device described above.

Service Agency: \_\_\_\_\_ Reg No: \_\_\_\_\_

Service Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Device Owner/Operator: \_\_\_\_\_

**A copy of this Report MUST be maintained at the device location.**

Remarks: \_\_\_\_\_